

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:	Burke Barrett Ramish K. Reddy Mitchell S. Roslin	§ § § § § § § §	GROUP ART UNIT: 3766
SERIAL NO.:	10/612,683	§ § § § § § § §	
FILED:	July 1, 2003	§ § § § § § § §	EXAMINER: Kennedy Schaetzle
FOR:	Treatment of Obesity by Bilateral Vagus Nerve Stimulation	§ § § § § § § §	

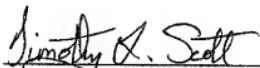
ASSOCIATE POWER OF ATTORNEY

Attorney Docket No. 1000.023 CON
Date: November 15, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

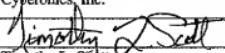
Attorney for Assignee hereby grants an associate power of attorney to Jonathan M. Harris, Reg. No. 44,144; Gregory L. Maag, Reg. No. 32,363; and, Carol G. Mintz, Reg. No. 38,561 to handle all matters relating to the prosecution of the above-identified matter.

Respectfully submitted,


Timothy L. Scott
Reg. No. 37931
Cyberonics, Inc.
100 Cyberonics Blvd.
Houston, Texas 77058
Phone: 281-727-2652
Fax: 281-853-2505
ATTORNEY FOR APPLICANT

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/612,683
	Filing Date	July 1, 2003
	First Named Inventor	Burke T. Barrett
	Title	Treatment of Obesity by Bilateral Vagus Nerve Stimulation
	Art Unit	3766
	Examiner Name	Kennedy Schaetzle
	Attorney Docket No.	1000.023 CON

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith.	
OR	
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 41332	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:	
<input checked="" type="checkbox"/> The address associated with Customer Number: 41332	
<input type="checkbox"/> Firm or Individual Name _____	
Address _____	
City _____ State _____ Zip _____	
Country _____	
Telephone _____ Fax _____	
I am the:	
<input type="checkbox"/> Applicant/inventor.	
Under 37 CFR 3.73(b) Assignee certifies that it is:	
<input checked="" type="checkbox"/> Assignee of record of the entire interest by virtue of Assignment Recorded on 10/12/2000 at Reel/Frame 011221/0791.	
SIGNATURE of Applicant or Assignee of Record	
Company	Cyberonics, Inc.
Signature	
Name:	Timothy L. Scott
Title:	Assistant General Counsel, Intellectual Property
Date	11/15/06
Telephone: 281-727-2652	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of ___ forms are submitted.	